



Lessons learnt

Patient Transport Services Contract

Agenda

- Setting the scene
- Specific lessons to be learnt in relation to PTS contract
- Hindsight lessons re the PTS contract
- General lessons for other commissioning contracts

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Setting the scene

- Previous contract was not working as well as required.
- There is no standard NHS England specification for a PTS contract.
- This was an innovative procurement in that CCGs were not looking for a simple 'more of the same'.
- The contract specification provides that the actual transport was provided by sub-contractors, rather than the main contractor – different from most PTS specifications.
- CCGs were advised on procurement process by NHS South of England Procurement.

Lessons to be learnt specifically in relation to this contract

- There was a non-adversarial approach taken to the mobilisation, and this has to be the most appropriate approach. However, an independent PTS expert would have been able to provide the constructive challenge, which was missing, with the CCGs, the Trusts and the contractor.
- There was a clear mobilisation timetable, yet despite significant slippage the contractor provided assurances that the slippages would have no adverse effect on service delivery from day one.
- A 'Plan B' should have been available in reserve which could have been instigated if concerns regarding mobilisation were identified – this was difficult as a key element, the patient booking staff, were transferring to the contractor.

Hindsight lessons

- During initial mobilisation the Trusts (and indeed the patients) individually worked hard to mitigate the service delivery failures – this may have masked the collective extent of the failures.
- TUPE transfers from NHS to private providers are likely to have an initial impact on delivery as these staff and their new employer become accustomed to how each operates.
- It is clear in hindsight that, for whatever reasons, the contractor was totally unprepared and unsighted for the actualities of delivering the service in Sussex – a phased implementation would have highlighted this.

General lessons to be learnt for commissioning contracts

- NHS procurement procedures and standard contract for innovative contracts such as this one, and in particular where sub-contracting is a contractual requirement, need to be reviewed by NHS England.
- Contingency arrangements need to be built into the planning process for major contracts where significant service changes are anticipated.
- Consideration should be given to including within the contract specification for major contracts where significant service changes are anticipated, that a phased transition approach by bidders would be welcomed.
- Consideration be given to commissioning independent consultants to monitor and advise on the mobilisation of major contracts where significant service changes are anticipated.

Any questions?

